

Insert the following language at the end of the current page 2-1 of the Protocol Document:

The Division may limit the number of adults (age 19 and over) who can be enrolled in MassHealth CommonHealth and MassHealth Family Assistance. The Division will impose such a limit if it determines that it does not have sufficient appropriations remaining in a fiscal year to cover its expenditures. When the Division imposes such a limit, no new adult applicants will be added to these coverage types, and current adult members in these coverage types who lose eligibility for any reason will not be allowed to reenroll until the Division is able to reopen enrollment for adults in these coverage types. Effective for applications received on or after July 1, 2003, the Division will limit enrollment for MassHealth CommonHealth and MassHealth Family Assistance.

Applicants who cannot be enrolled under MassHealth CommonHealth and MassHealth Family Assistance, for the reason detailed above, will be placed on a waiting list when their eligibility has been determined. When the Division is able to open enrollment for adult applicants, the applications will be processed in the order they were placed on the waiting list.

#### 2.1.3.3.7 Medical Coverage Date

The begin date of medical coverage for CommonHealth for all children (age 18 and under), and for adults (age 19 and over) who have not been placed on a waiting list pursuant to Section 2.0 of this Chapter, shall be ten (10) calendar days prior to the date a Medical Benefit Request (MBR) is received at any MassHealth Enrollment Center or outreach site, provided all required verifications with the exception of documentation of immigration status have been submitted within sixty (60) calendar days of the date of the information request. If required verifications are received after the sixty (60) calendar day period, the begin date of medical coverage shall be ten (10) calendar days prior to the date on which the verifications were received, provided such verifications are received within one (1) year of receipt of the MBR.

The begin date of medical coverage for CommonHealth applicants enrolled from the waiting list will be the date the application was processed from the waiting list.

#### 2.1.3.4.5 Medical Coverage Date

The begin date of medical coverage for all children (ages 18 and under), and for adults (ages 19 and over) who have not been placed on a waiting list pursuant to Section 2.0 of this Chapter, for the purchase of medical benefits under MassHealth Family Assistance shall be ten (10) calendar days prior to the date a Medical Benefits Request (MBR) is received at any MassHealth Enrollment Center (MEC) or outreach site, provided all required verifications with the exception of documentation of immigration status and/or verification of HIV status have been submitted within sixty (60) calendar days of the date

of the information request. If required verifications are received after the sixty (6) calendar day period, the begin date of medical coverage shall be ten (10) calendar days prior to the date on which the verifications were received, provided such verifications are received within one (1) year of receipt of the MBR.

The begin date of medical coverage for MassHealth Family Assistance applicants enrolled from the waiting list will be the date the application was processed from the waiting list.

#### 2.1.4.10.2 Delinquent Premium Payments

If the Division has billed a member for a premium payment, and the member does not pay all of the amount billed within 60 days of the date on the bill, then the member's eligibility for benefits will be terminated, except as provided in sections 2.1.4.10.2.1 and 2.1.4.10.2.2. The member will receive a notice of termination prior to the date of termination.

Provided no waiting list has been established pursuant to Section 2.0 of this Chapter, after the member has paid in full all payments due, and has established a payment plan with the Division, the Division will reactivate coverage. If a waiting list has been established, adults (age 19 and over) who have been terminated due to nonpayment of premiums will be placed on the waiting list upon payment of all payments due. They will not be allowed to reenroll until the Division is able to reopen enrollment for those placed on the waiting list. When the Division is able to open enrollment for those on the waiting list, their eligibility will be processed in the order they were placed on the waiting list.

#### 2.2.3.6 Notice

All applicants and members shall receive a written notice of the determination of eligibility for MassHealth. The notice will contain the applicable eligibility decision for each member of the household who has requested MassHealth.

Where the notice is an approval, it will provide the coverage type for which the member is eligible, the medical coverage date and, where applicable, the amount of the premium or subsidy payment. Denials will provide the reason, the regulatory cite, and if applicable, the deductible amount and deductible period.

Applicants will be notified if they have been placed on a waiting list for either the MassHealth CommonHealth or MassHealth Family Assistance program due to a state law limiting the number of adults who can enroll in those programs and will receive a notice of eligibility when the Division determines they can be reenrolled.

All notices with the exception of those regarding eligibility for Prenatal and presumptive eligibility of children for Standard and Family Assistance provide information regarding an applicant's or member's right to a fair hearing. Family Assistance members who receive a premium assistance payment will have the opportunity to appeal the Division's decision, including the calculation of the premium assistance payment. Information regarding the appeal process is found in Division regulations at 130 DMR 610.000.